

120303

13281 U.S.PTO

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120303

## UTILITY PATENT APPLICATION TRANSMITTAL

 DUPLICATE

Address to: Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.  First Named Inventor (or identifier)  Total Pages	SIGU3012/JEK/JJC  SIGURJONSSON  66
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Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: WOUND DRESSING

1. Submitted herewith are the following:

42 pages of specification.  
 Abstract.  
10 sheet(s) of drawings.  
20 claim(s).  
 Oath/Declaration signed by each inventor.  
 Application Data Sheet.  
0 Preliminary Amendment.  
 Information Disclosure Statement(s).  
3 pages of Form PTO-1449, and one copy of each foreign document listed thereon.  
 Assignment of the invention, Cover Sheet, and payment of the \$40.00 recordal fee.  
0 certified copy of application no. \_\_\_\_\_ filed in \_\_\_\_\_. Priority is claimed.  
 check in the amount of \$ 810.00 including any assignment recordal fee.

2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

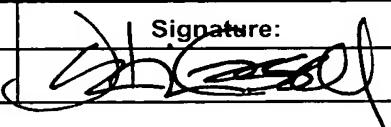
3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_. --

5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_. --

6. Other: \_\_\_\_\_

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805 and Justin J. Cassell, Reg. No. 46,205.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee: \$770.00			
Total Claims:	20	- 20 =	0	X \$18 = \$0.00			
Independent Claims:	2	- 3 =	0	X \$86 = \$0.00			
Correspondence Address:  23364 Customer Number				Multiple Dependent Claim (add \$290.00):			
							Subtotal: \$770.00
							50% Reduction if Small Entity Status:
Phone: 703-683-0500 Fax: 703-683-1080				Total: \$770.00			
Date:	Name:		Signature:	Reg. No.			
December 3, 2003	JUSTIN J. CASSELL			46,205			